2014 Non-Matriculated Application

Health Sciences, Stony Brook University

For Office Use Only	Admit Term	Program	Admit Type	Level

Last Name	First Name	M. Initial

Date of Birth (mm/dd/yy)   Veteran Status

Other/Maiden name under which records may be found (list full name)

Are you a current Stony Brook student?   a former Stony Brook student?   a current Employee?

Stony Brook Id   Gender   U.S. SS# (for internal use only)

Ethnic Group   (responses are voluntary and the information will be kept confidential. Refusal to provide this information will not subject the applicant to any adverse treatment)

Birth City   Birth State (if US)

Birth Country   U.S. Citizen?

Permanent Resident?   PR# A-

Non U.S. Citizen?   Enter Current Visa Status

Country of Citizenship   Undocumented?   Date of Entry (MM/DD/YY)

U.S. State of Residency   **If N.Y. State Resident, indicate number of years:**   number of months

Did you attend an approved New York State High School for at least 2 years and graduate from an approved New York State High School or have you received a New York State General Equivalency Diploma?

If Yes, enter the year of graduation or GED

Permanent Home Address (Required - DO <u>NOT</u> INCLUDE P.O. BOX):

Street
Address

| City | State | Zip |

Telephone   Email
(include area
code)

Mailing Address (If different than home address) or P.O. BOX:

Street
Address

| City | State | Zip |

Have you ever applied to a degree program at Stony Brook?

**If yes, which
program
and for what
semester
and year**

In the fields below, provide the requested information on all university work <u>taken for credit</u> at any time in the past. Do <u>not</u> include equivalency exams. Failure to list all pertinent education may disqualify an applicant from consideration, invalidate an applicant from consideration or invalidate an offer of acceptance. Put "NA" where non-applicable.

**1. Name of
Institution**

**Academic   Major
Level**

**Entry Date   End Date
MM/YY   MM/YY**

**Total Credits   GPA   Degree/Cert   Degree Date
                                                                                      (MM/YY)**

2. Name of Institution

Academic Level   **Major**

Entry Date MM/YY   **End Date MM/YY**

Total Credits   **GPA**   **Degree/Cert**   **Degree Date (MM/YY)**

....

3. Name of Institution

Academic Level   **Major**

Entry Date MM/YY   **End Date MM/YY**

Total Credits   **GPA**   **Degree/Cert**   **Degree Date (MM/YY)**

....

4. Name of Institution

Academic Level   **Major**

Entry Date MM/YY   **End Date MM/YY**

Total Credits   **GPA**   **Degree/Cert**   **Degree Date (MM/YY)**

....

5. Name of Institution

Academic Level   **Major**

Entry Date MM/YY   **End Date MM/YY**

Total Credits   **GPA**   **Degree/Cert**   **Degree Date (MM/YY)**

List any professional licenses you hold and their numbers:

Explain briefly, why you wish to enroll as a part-time non-matriculated student, and indicate which courses you wish to take.

The statements contained in this form are true to the best of my knowledge and belief. I understand that approval of this application does NOT constitute admission to degree candidacy in any unit of the Health Sciences Center or Stony Brook University; that a separate application for admission as a degree candidate will be required should I seek matriculation and that such application will be considered in equal competition with other candidates for such admission.

Date
(MM/DD/
YYYY)

Signature of
Applicant

_____

Office Use Only:

Date
(MM/DD/
YYYY)

Signature of
Director of
Admissions

        I understand that the Master of Science in Health Care Policy and
        Management applications are suspended. I plan on applying to the
        Advanced Certificate program and/or another Master's program by the
        time the 12 credits as a Non-Matric Student has been taken. There is
        no guarantee that any credits completed as a non-matric will be
        transferrable or accepted by any graduate program.   Please initial
        here _____

PLEASE RETURN COMPLETED
NON-MATRIC APPLICATION TO:
Fran Shaw
Health Care Management
Health Sciences Center
Stony Brook, NY 11794-8204
FAX: 631-444-6474